

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009591

FILED
May 01, 2004
Secretary of State

Entity Name: DRJ, LLC

Current Principal Place of Business:

% ELMER ROBERT BRANCH JR.
938 CANALVIEW BLVD.
PORT ORANGE, FL 32119

New Principal Place of Business:

Current Mailing Address:

% ELMER ROBERT BRANCH JR.
938 CANALVIEW BLVD.
PORT ORANGE, FL 32119

New Mailing Address:

FEI Number: 50-0002863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, ELMER R JR.
938 CANALVIEW BLVD.
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRANCH, ELMER R JR
Address: 938 CANALVIEW BLVD.
City-St-Zip: PORT ORANGE, FL 32119

Title: MGRM () Delete
Name: BRANCH, ELMER R III
Address: 6123 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: BRANCH, JUSTIN M
Address: 305 SAGEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELMER ROBERT BRANCH III

MRGM

05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date